PAPERWORK REDUCTION ACT EMERGENCY EXTENSION

Agency/Subagency		OMB control number		
	Current Record		New Record**	
Expiration date	month	year	month	/
Reason for emergency extension request				
reason for emergency extension request				
Signature of Senior Official or designee:	Date:		For O	IRA Use

OMB 83-E

^{**}Three month maximum allowed from current expiration date.